

PLACE OF BIRTH

1. County of Gila,
 District of Globe,
 Town of _____
 or
 City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151
 County Registrar No. _____
 Local Registrar No. 116

No. Ice House Canyon, St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louis B. Bunch, Jr., { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes, 7. Date of birth 4 9 1925
 Month Day Year

8. FATHER
 Full name Louis B. Bunch,
 9. Residence (Usual place of abode) Globe,
 If non-resident, give place and state. Ariz.
 10. Color or race White
 11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Bisbee,
 (State or country) Ariz.

13. Occupation
 Nature of Industry Miner,

14. MOTHER
 Full maiden name Ollie M. Jackson,
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state. _____
 16. Color or race White,
 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Payson,
 (State or country) Ariz.

19. Occupation
 Nature of Industry Housewife,

20. Number of children of this mother { (a) Born alive and now living 1
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7:45 A.m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature G. E. Wyckman (Physician or midwife).
 Address Globe, Ariz.

Given name added from a supplemental report _____
 Month, day, year _____

Filed Apr. 15, 1925. Local Registrar.

Registrar _____, 19____ County Registrar.

328-409-615